

North Carolina Department of Health and Human Services

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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Michael F. Easley, Governor Carmen Hooker Odom, Secretary

Michael Moseley, Director

February 7, 2005

MEMORANDUM

To: Area Directors

From: Mike Moseley

Subject: Medical Records

Inherent in our system reform process is the need for various requirements, rules, and manuals to be revised. This communication contains some preliminary medical record policy guidance and clarification. This memorandum is just the beginning of a series of written guidance that the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services will provide to the field with respect to medical records. The Division has established a medical records work group which includes staff from LMEs to provide assistance and input into the identification and resolution of medical record issues. The work group will continue to meet to address and resolve additional medical record issues.

The following guidance applies to area/county programs and service providers as indicated below:

- 1. Area/county programs shall have access to all medical records for consumers in their care or in the care of providers to whom the Area/county program has referred the consumer for service.
- 2. Area/county programs shall have responsibility for all historical medical records. The historical medical record is the record that was created when the area/county program was a service provider in the pre-LME world.
- 3. The following guidance applies to all service providers in the area/county programs' provider community:
 - a. Service providers must meet the requirements of the following:
 - i. 42 CFR, Chapter 1, Part 2 Substance Abuse Confidentiality,
 - b. 45 CFR, Parts 160 and 164 Health Insurance Portability and Accountability Act,
 - c. Applicable statutory requirements in G.S. 122C,
 - d. Service Records Manual, APSM 45-2,



- e. Confidentiality Rules, APSM 45-1,
- f. Rules for Mental Health, Developmental Disabilities, and Substance Abuse Services, APSM 30-1,
- g. Client Rights Rules, APSM 95-2, and
- h. Record Retention Rules, APSM 10-3.
- 4. Service providers shall permit area/county programs access to medical records.
- 5. Service providers shall maintain records and documentation for all service provision, including release and disclosure information.
- 6. Contract service providers and direct enrolled providers may opt to purchase the management of their medical record and quality improvement functions, but may not contract away the responsibility of documenting service provision. The contract service provider and the direct enrolled provider are ultimately responsible for assuring that medical records are properly protected and secured.
- 7. The contract service provider and the direct enrolled provider assume the cost associated with records created and maintained during service provision as well as the cost of returning records to the area/county program when the provider ceases operations. The area/county program assumes the cost associated with the maintenance and storage of historical records and records that are returned should the service provider cease operation.

If you have additional questions or require further clarification on the medical record ownership information or regarding the medical records work group, please contact Darlene Steele at darlene.steele@ncmail.net or call (919) 420-7934.

MM/ds/cw

cc: Secretary Carmen Hooker Odom

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